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Research

Article

**STUDY TO KNOW IMPACT OF SOCIOECONOMIC AND  
DEMOGRAPHIC FACTORS ON REPRODUCTIVE TRACT  
INFECTIONS DURING REPRODUCTIVE AGE GROUP  
(18-45) YEARS**<sup>1</sup>Dr Rabia Waqar, <sup>2</sup>Dr Isma Imtiaz, <sup>3</sup> Dr Anum Pervaiz<sup>1</sup>Rawalpindi Medical College.<sup>2</sup>Foundation University Medical College<sup>3</sup>Fatima Memorial Hospital, College of Medicine and Dentistry. Abstract**Abstract:**

*Introduction: the motivation behind this examination was to decide the pervasiveness of regenerative tract diseases in wedded ladies of conceptive age (18-45 years), to break down the impacts of financial and statistic factors on conceptive tract contaminations and to address the fundamental reason.*

*Material and strategies: a sum of 500 ladies were inspected. These 300 ladies had regenerative tract diseases and were incorporated for further examination and assessment. They were given proper anti-microbials and after that pursued.*

*Results: the consequences of the investigation demonstrated a high commonness of RTI (60%). The most elevated commonness was found in the age bunch somewhere in the range of 26 and 29 years, trailed by 30 to 33 years and from 34 to 37 years. The most influenced ladies were provincial (80%), financial (63.4%) and unskilled (59%).*

*Conclusion: the present investigation demonstrated a high commonness of RTI. To assess and investigate the impacts of these components on regenerative tract contaminations, further top to bottom examinations on education and financial variables are required.*

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**INTRODUCTION:**

Infections of reproductive organs / sexually transmitted infections and non-sexual transmission infections have become a global threat to the health of the population. Genital tract infection can lead to pelvic inflammatory diseases, infertility and ectopic pregnancy and viral infections can cause vulvar and cervical cancer.<sup>1</sup> Reproductive tract infections affect both women and men. Studies show that women are more vulnerable than men. In Pakistan, morbidity varies between 39% and 84%.<sup>2,3</sup> Worldwide, there are 490 million cases of reproductive tract infections, of which 79 million occur in Pakistan each year.<sup>4</sup> Variety of organisms is involved in the genesis of RTI. The risk of transmission of HIV infection is associated with infections that lead to genital ulcers. In developing countries, RTIs are responsible for mental and emotional disorders as well as social and economic stigmata.<sup>5,6</sup> In many cases, RTIs remain asymptomatic, resulting in difficulty in detecting and delaying diagnosis and treatment. Birth complications recur Loss of pregnancy, intrauterine fetal death, neonatal infection of the eye and throat, septicemia. Much of the complication can be prevented if women turn to health care as soon as possible.

**Aims and Objectives**

1. Determine the prevalence of HIV among married women of child-bearing age (18-45 years), both pregnant and not pregnant.
2. Observe and analyze the influence of socio-economic and socio-demographic variables on RTI.
3. Evaluation and evaluation of the impact on daily life.
4. Treat the underlying cause.

**MATERIALS AND METHODS:**

This study was conducted at the Holy Family Hospital Rawalpindi. Women of childbearing age (18-49 years) who participated in the Gynec OPD for various ailments were included in the study. Over 500 patients will come to Gynaec OPD for fruit testing and treatment between February 2017 and August 2017 was included in the study. It was an observational study. All married women aged between 18 and 45 due to fruit and gin disorders would come to ask for a long history, sometimes of primary importance. Complaints relating to RTI and IST were reported. All women were interviewed about their socio-economic, socio-demographic, obstetric, menstrual, present and past symptoms. Their general physical examination and other systemic examinations were performed. In the OPD for examination of the speculum was performed, each discharge in the vagina, its color,

quantity, was evaluated, smelling a bad smell. Therefore, any tenderness for vaginal examination was noted in the walls of the vagina and provided every palpation. Women suspected of being clinically infected were transported wet with a gram stain of vaginal discharge. All women underwent routine microscopic examination of urine. Also his VDRL serum test success. Subsequently, the entire medical history of each patient was analyzed.

**Statistical Analysis**

The graphic is created in MS Excel 2007. All qualitative variables are compared with the chi-square test. Probability value ( $P < 0.05$ )

**Observations and Results**

A total of 500 patients were interviewed and clinically evaluated. Laboratory tests A clinical RTI was diagnosed in 300 patients.

**Table 1: Prevalence of RTI (N=300)**

Total number of cases	No of RTI Cases	Prevalence of RTI
500	300	60%

The present study showed a 60% prevalence of RTI. Only these patients were included in the study and further studied. Most of the age groups affected were between 26 and 29 years old, about 32%, followed by the 30-33 age group, which was around 28%. The least affected group (2%) was between 18 and 21 years old.

**Table 2: Age wise distribution of RTI cases**

Age GP	%	No of Cases (N=300)
18--21	2	6
22--25	10	30
26--29	32	96
30--33	28	84
34--37	18	54
38--41	5	15
42--45	5	15
Total	100	300
( $P < 0.0001$ )		

According to the CHI-square test, the incidence of RTI is significantly higher in the age groups

between 26 and 29, between 30 and 33 years and between 34 and 37 years.

**Table 3: Socioeconomic and demographic data**

Variable	No of Cases (n=300)	%	P value
Residence			
Rural	240	80	(P<.0001**)
Urban	60	20	
Literacy			
Literate	122	41	P=.0012*
Illiterate	178	59	
Occupation			
Housework	240	80	(P<.0001**)
Job/buisiness	60	20	
Monthly income			
<10000	190	63.4	(P<.0001**)
>10000	110	36.6	

80% of the population studied lived in the countryside, indicating that the incidence of RTI in rural areas is significantly higher than in the urban population. In terms of literacy, 59% of the study population affected by RTI was illiterate, meaning those suffering from RTI illiteracy due to lack of knowledge of genital hygiene.

Furthermore, the incidence of RTI in the low socioeconomic group is significantly higher at 63.4%.

**Table 4: Clinical symptoms**

	%	No of Cases (n=300)
Backache	26.67%	80
Vaginal discharge	23.33%	70
Low abdominal pain	21.67%	65
Itching around Vag area	13.33%	40
Burning micturition	8.33%	25
Dysparunia	4%	12

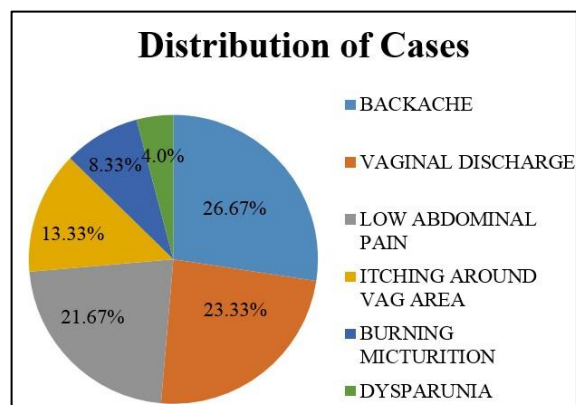


Fig. 1

The predominant clinical features were back pain (26.6%), vaginal discharge (23.3%), lower abdominal pain (21.6%) and the frequency of vaginal itching and burning of the veins (13.3 %) or 8.3%. Disparunia has been found in 45 women.

Patients were treated with appropriate antibiotics. After completing the RTI / STI treatment, they were observed and found to relieve symptoms.

## DISCUSSION:

The present study shows that the prevalence of RTI in patients taking OPy Gynaec fruit is about 60% (300/500). Of these 53.41, there were symptoms indicative of RTI, while 46.6% were asymptomatic. This reflects that the women who had complained of genital infections had kept the medical history in front of the family. Most women reported the history of symptoms indicative of RTI after asking an important question. Those who had a history of symptoms indicative of RTI had a disease that was no longer stable. Previous community-based studies have shown a prevalence of between 15% and 80%. 7-11 Sami Ramia showed a prevalence of RTI (28.2%) in all study results.<sup>12</sup> Our study shows that the highest prevalence of *C. albicans* in pregnant women 41% was.<sup>13</sup>

The aim of the present study was to observe the influence of socioeconomic status on the RTI. Our study showed that 63.3% of RTI patients had a monthly income <10,000 and 36.6% of RTI patients had a monthly income > 10,000. A study by Dameru et al. Proved that the low-income socioeconomic status is a risk factor for RTI.<sup>9,14</sup>

The present study found that 59% of patients were illiterate and 41% were reading and writing. This shows that literacy has no impact on the RTI. On the other hand, Dameru et al. They reported that women with informal education had more RTIs. One by Pravina Kafle et al. The similarity study conducted shows a similar result to that of Dameru et al.<sup>15</sup> In the present study, 11.2% of patients had a previous abortion.

In terms of symptoms, 53.3% of patients were symptomatic, while 46.6% were asymptomatic. Among the symptoms, 50% had back pain, which they considered to be non-specific. In 43.7% of patients, various types of discharge occurred, while 40.6% had lower abdominal pain. In 25% of cases itching on the vulva and in 15.6% of cases with failure. No one had ulcers in the genital area or groin swelling. A study in Nigeria reported that 57.7% of women had vaginal discharge, itching and lower abdominal pain.<sup>16</sup>

The study indicates that women must be trained in genital hygiene during the reproductive age group, especially during menstruation. Women should be

informed of this by holding health lessons related to reproductive tract infections. Trust should be built in such a way that you can report any slight discomfort to the caregiver, so that conditions can be diagnosed in advance and that treatment can be performed sooner. The reluctance to talk about genital disorders and the general negative effects of RTI on their lives can be minimized.

This study was conducted in the hospital and is therefore limited. Additional community-based studies should be extended to all levels of residential areas; Workers who work as workers in higher positions, women who stay in the villages.

### CONCLUSION:

The aforementioned study shows that socio-economic status and literacy play an important role in the development of FTI / STI. A basic awareness of RTI should be created between these populations. The most common symptom was back pain, vaginal discharge. Discussions on health education and training on personal and genital hygiene must be conducted in rural areas, in weak socio-economic groups and in illiterates.

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